

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23	1	4				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		(				
33		1				
34	1					
35	1					
36	(					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	(					
46	1					
47	1					
48	1					
49	1					
50	1					
<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
74		1				
75		1				
76		1				
77		1				
78		1				
79		1				
80		1				
81		1				
82		1				
83		1				
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86		1				
87		1				
88		1				
89		1				
90		1				
91		1				
92		1				
93		1				
94		1				
95		1				
96		1				
97		1				
98		1				
99		1				
100		1				
<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS